

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

101-058788

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 16            |              |
| FOR 01/30/02  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 10 minus 20 = |              |
| INDEPENDENT CLAIMS  | 3 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |   |    |                                    |               |
|-------------|---|----|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 10 | Minus                              | 20 = -        |
|             | Independent   | 3  | Minus                              | 3 = -         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    | OR | RATE      | FEE    |
| BASIC FEE | 370.00 |    | BASIC FEE | 740.00 |
| X\$ 9=    |        |    | X\$18=    |        |
| X42=      |        |    | X84=      |        |
| +140=     |        |    | +280=     |        |
| TOTAL     |        |    | TOTAL     | 740    |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X42=             |                |    | X84=             |                |
| +140=            |                |    | +280=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X42=             |                |    | X84=             |                |
| +140=            |                |    | +280=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X42=             |                |    | X84=             |                |
| +140=            |                |    | +280=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

REST AVAILABLE COPY

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|             |   |    |                                    |               |
|-------------|---|----|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 10 | Minus                              | 10 = X        |
|             | Independent   | 3  | Minus                              | 3 = X         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |               |

|             |   |  |                                    |               |
|-------------|---|--|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   |  | Minus                              |               |
|             | Independent   |  | Minus                              |               |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.